

Unannounced Care Inspection Report 09 and 20 March 2018



Baloo Training and Resource Centre incorporating 'Elderly Learning Disability Service'

Type of service: Day Care Service
Address: 94 Newtownards Road, Bangor, BT19 1XZ
Tel no: 02891450505
Inspector: Suzanne Cunningham

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a Day Care Setting with a maximum of 87 service users that delivers a programme of day care and day time activities from Monday to Friday for adults with learning disability. Care and support is provided in two locations, the main setting is Balloo Training and Resource Centre and the smaller setting is located within the Bayview resource centre in Bangor called the 'Elderly Learning Disability Service' (ELDS).

3.0 Service details

Organisation/Registered Provider: South Eastern HSC Trust	Registered Manager: Patricia McManus
Responsible Individual(s): Mr Hugh Henry McCaughey	
Person in charge at the time of inspection: Susin Reid (9 March 2018) Patricia McManus (20 March 2018)	Date manager registered: 02 September 2016
Number of registered places: 87 - DCS-LD, DCS-LD(E)	

4.0 Inspection summary

An unannounced inspection took place on took place on 9 March 2018 in (ELDS) from 10.30 to 13.30 and 20 March 2018 in Balloo from 13.00 to 17.00.

This inspection was underpinned by the Day Care Setting Regulations (Northern Ireland) 2007 and the Day Care Settings Minimum Standards, 2012.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the establishment was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staffing arrangements; staff knowledge in regard to safe care; risk management; the day care setting environment; providing care, in the right place, in the right time; activities; the ethos of the day care setting; listening to and involving service users; governance arrangements; and maintaining good working relationships.

No areas requiring improvement were identified.

Service users were asked what they thought of Balloo and the ELDS, they said: “staff make sure I’m safe”; “I love it here, they know what we need”; (staff members name) is wonderful, we can go to the office and tell her what she needs to know”; “all nice in here, we have fun and learn new things”; “the staff keep me happy”; “I like staff, thank you”.

The findings of this report will provide the establishment with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users’ experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

Details of the Quality Improvement Plan (QIP) were discussed with Patricia McManus, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 15 & 24 August 2016

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 15 and 24 August 2016.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- The registration details of the day centre.
- Information and correspondence received from the registered manager and South Eastern Health and Social Care Trust (SEHSCT).
- Incident notifications which revealed 21 incidents had been notified to RQIA since the last care inspection in August 2016.
- Unannounced care inspection report 15 and 24 August 2016.

During the inspection the inspector met with six service users and four staff. There were no visiting professionals or service users' visitors/ representatives available for consultation during the inspection.

The following records were examined during the inspection:

- One staff competency record.
- Five service users' individual care files.
- A sample of service users' daily records .
- The complaints/issue of dissatisfaction record from April 2016 to March 2018.
- A sample of incidents and accidents records from January to March 2018.
- The staff rota arrangements for January, February and March 2018.
- The minutes of service user meetings held in September 2017 and January 2018.
- Staff supervision dates for 2017 and 2018.
- Staff meeting records for October 2017 and February 2018.
- Monthly monitoring reports from November 2017 to February 2018.
- The staff training information for 2017 and 2018.
- The settings Statement of Purpose.

Five areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 15 & 24 August 2016

The most recent inspection of the establishment was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 15 & 24 August 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Day Care Setting Regulations (Northern Ireland) 2007		Validation of compliance
Area for improvement 1 Ref: Regulation 28 Stated: First time	The registered provider must increase the frequency of the monthly monitoring visits to ensure one visit is undertaken each month of the year. A report must be written following the visit regarding the conduct of the setting and made available for future inspections.	Met
	Action taken as confirmed during the inspection: Inspection of the monthly monitoring visit records showed the frequency of the monitoring visits were at least monthly and a report was available for inspection for each visit.	
Action required to ensure compliance with the Day Care Settings Minimum Standards, 2012		Validation of compliance
Area for improvement 1 Ref: Standard 28.1 Stated: First time	The registered provider should make arrangements for the Fire Risk Assessment and Fire Management Plan to be reviewed.	Met
	Action taken as confirmed during the inspection: The fire risk assessment was available and inspection of the documentation showed this was up to date at the time of inspection.	

<p>Area for improvement 2</p> <p>Ref: Standard 20.2</p> <p>Stated: First time</p>	<p>The registered provider should ensure there is evidence on staff individual files that all staff employed in Balloo and ELD have met the recruitment checklist, as described in standard 20.2. This includes confirmation they have the appropriate qualifications, experience, employment history, references, health checks and criminal records checks before commencing employment.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>New staff have a confirmation sent from human resources that the recruitment checklist has been met prior to employment commencing.</p>		
<p>Area for improvement 3</p> <p>Ref: Standard 5.2</p> <p>Stated: First time</p>	<p>The registered provider should put in place appropriate arrangements for each individual service users care plan to be improved. Specifically the care plans should improve the detail recorded to meet identified needs. Care plans should include service user's personal objectives.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>A sample of care plans was inspected and this showed the format and recording had been improved. Information recorded detailed day care specific goals and each service user's personal goals.</p>		
<p>Area for improvement 4</p> <p>Ref: Standard 7.4 & appendix 1</p> <p>Stated: First time</p>	<p>The registered provider should make appropriate arrangements for each service user's individual file to contain a photo or written evidence this had been refused.</p>	<p style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Inspection of a sample of service user's individual files showed this had been improved at the time of inspection.</p>		

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The settings daily staff arrangements and records were inspected for January, February and March 2018. This provided evidence that the distribution of care staff across the setting, including the satellite was planned according to the needs of the group of service users and individual assessed needs. The record had been updated regarding staff absences and the staff in charge of the Balloo day care setting was recorded daily, in ELDS this was not recorded however this was rectified during the inspection. The inspection revealed Patricia, the registered manager was also covering another job within the same trust. This meant she was absent from the setting for a significant amount of time during the week. Susin Reid, day centre manager based in Balloo was in charge of the setting in Patricia's absence; however Patricia's presence was not consistently recorded in the record of staff working each day. Advice was given to ensure Patricia's whereabouts was recorded and the name of who was covering in her absence was consistently recorded and available for all staff.

Competency and capability assessments had been completed for the staff who had acted up in the manager's absence in Balloo however during the inspection of ELDS discussion found the staff member left in charge had not completed a competency assessment. Discussion with the member of staff regarding his understanding of how the service users' needs should be met, his understanding of his role and responsibility when the day care worker (DCW) was not in the setting and what he should do if he has a concern about practice or a service user when he is left in charge provided assurance that the staff member understood his role and responsibility to ensure care was safe and effective. During the inspection of Balloo the manager confirmed the staff member was completing the competency assessment with his supervisor.

The inspection of the competency document and discussion with the staff confirmed the staff who had completed or were completing the competency and capability assessments were willing to undertake management tasks, understood and confirmed they had the knowledge to fulfil their role and responsibility in the absence of the manager.

Staff induction records were sampled and this revealed staff were introduced to the day care setting and their role. Staff confirmed the induction process had assisted them to understand their role and responsibilities and ensure they could provide safe and effective care.

Service users' needs and activity levels were varied in this setting. The walk around the setting found each room had group activity space and where some service users had individual space designed for them to use if they needed a break away from the group space. Discussion with staff, service users and observation of care being provided showed the service users could walk around the setting freely, some service users were communicating confidently, and others who had more complex needs had staff support with them to enable their safe involvement and communication with others. The entrance to the behaviour support unit (BSU) in the setting was managed so service users could not wander in without staff support however service users in the unit could leave freely. Staffing levels were high in this

part of the setting therefore if service users if they wanted to leave the BSU staff support and close supervision was on hand. The activities available for service users on the days of the inspection were focussed on promoting: an active life; creative skills; cognitive skills; independence and developing social skills. Observation of the care arrangements in this setting showed staff were promoting and encouraging service users to be involved and act independently when it was safe.

The inspection of the settings training record showed that staff had received mandatory training and training relevant to their role and responsibilities which is required to ensure staff know how to provide safe and effective care and support for the service users in this setting.. Examples of the training staff received in 2017 and 2018 fire safety; manual handling; first aid; basic life support; medicines management; epilepsy; safeguarding and behaviour management (MAPPA). The records detailed the staffs training needs and how they were being met; this had been updated since the last inspection.

The examination of a sample of the settings incidents and accidents from January to March 2018 revealed the setting had recorded accidents and incidents. When necessary notifications had been sent to RQIA and other organisations as required. Overall the record showed service users safety needs had been identified and managed, there was also some evidence of reflection which aimed ensure practice was safe and effective.

The service users' access and exit to the day care setting was not restricted. Observations of staff found they were moving around the setting with service users who needed more intensive support and they were offering support to individual service users as detailed in the service users' needs assessment and plan.

Inspection of Balloo and the ELDS activity rooms and inspection of records concluded the environment presented as clean and tidy, furniture, aids and appliances presented as fit for purpose. Fire safety precautions were inspected, fire exits seen were unobstructed, the last fire drill had been carried out in October 2017; the fire risk assessment was not due for review until July 2018. The setting had painted and bright furniture and decorative items had been added since the last inspection which helped the setting to feel homely, warm and appealing to the eye.

The service users were asked if they felt safe in Balloo and ELDS, the feedback from service users was they felt safe in this day care setting, they said: "no bother here, can get around", "I can speak to staff if I need help", "if I go outside staff would make sure I'm safe", "I can talk to staff if I'm unhappy or had a worry", "If theres a fire alarm we go outside, staff make sure I'm safe", "staff make decisions to keep us safe", "the building is safe". Overall the comments confirmed service users regard the day centre as a safe place and staff care and support them safely in the setting.

Staff were asked is care safe in this setting, they said care was safe because they knew the service users' needs well, a new staff member said she had a good induction that included training to ensure she knew what her role and responsibilities were; as well as safe practices in the setting. Staff also said staffing numbers in place were adequate and there was processes in place to promote and maintain the minimum standards.

Eight service users and relatives returned questionnaires to RQIA post inspection, seven identified they were "very satisfied" and one was "satisfied" regarding the questions "is care safe" in this setting. By this they meant there were enough staff to help them, they felt protected

and free from harm, they could talk to staff if they had concerns, and the environment was safe and clean. .

In conclusion the inspection of records, discussion with staff and observations showed the care and support delivered by staff was most likely preventing harm to service users and the care delivered was intended to help them.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing arrangements, staff knowledge in regard to safe care, risk management and the day care setting environment.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

The centre's Statement of Purpose contained information required by Regulations and Standards, and the content was consistent with the settings registration with RQIA.

Five service users' care files were inspected; they contained the service user's individual assessments and care plans which reflected their physical, social and emotional needs. What each service user wanted to achieve in day care was described in each care plan and personal emergency evacuation plans were present in service user's individual records as required.

Discussion with the manager revealed records were stored safely and securely in the day care setting, in line with data protection. Discussion with staff confirmed they were using service users individual records to guide their practice and they understood the importance of keeping records current and relevant. Overall the inspection found the settings management of service user records enabled staff to recognise service users' assessed needs and respond to them effectively.

Service users spoken to during the inspection discussed they were taking part in a number of activities and the staff supported them to take part in the group activities and personal projects, for example exercise, creative activities, music and puzzles. One service user discussed their interest in Stephen Hawking and planets, they described staff had encouraged him to talk and learn more about his interest. The service users spoken to said that they could ask staff in the setting for help or support. Service users said "staff know what we need and if they don't we tell them", "staff help", "I like to work and be busy, I like doing knitting, games and bingo". Service users said they knew about their review and they knew that was their opportunity to say what they want to do, finally they said they have had fun in Balloo and learnt new things.

Discussion with staff revealed ways they had responded effectively to service users' needs, they discussed improving the care plans which were used to guide the structure and routine for each individual service user. They identified knowing each individual service users' needs, for example knowing service users who like to be busy and those who needed time away from the group was important to ensure needs were met and service users were enabled to feel safe and be supported effectively in day care. Staff discussed communicating with service users at their level was important and had enabled staff to identify from the service users' perspective what was working, and what wasn't. During the inspection of ELDS the staff member was asked about one service users preferences and ability. Staff responses showed they had a good understanding of the service users' needs and during the inspection communicated with the service user to ensure the needs were met. This was a good example of the service user getting the right care at the right time in the day care setting.

Eight service users and relatives returned questionnaires to RQIA post inspection, seven identified they were "very satisfied" and one was "satisfied" regarding the questions "is care effective" in this setting. By this they meant they had got the right care, at the right time in the right place; staff knew their care needs, they were aware of their care plan and the care met their expectations.

Overall discussion with staff, review of records and observation of care showed communication and procedures had ensured staff provided safe and effective care, they knew what each service user needed and how best to meet their needs.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to providing care, in the right place, in the right time and activities.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Discussion with service users, staff and observation of activities and communication found examples of service users being treated with dignity and respect by staff. Examples of staff promoting service users' independence and preferences regarding activities, finding calm space, and self-care was observed. On the day of the inspection the service users spoke about activities they had enjoyed and how they were being involved in their plan and the day care setting. They described the TILII (Tell It Like It Is) group where service users from settings in the trust come together to talk about their care and opportunities, one service user said it's a place they "give their opinion, last time we discussed speaking out for ourselves". Another service user described they are part of the meet and greet team in the setting and said they

enjoyed the responsibility of doing this for the setting. Service users also identified other activities such as table top activities, bingo, outings and games that were enjoyable.

The service user meetings record was inspected for September 2017 and January 2018, the minutes provided a clear record of who was involved, the agenda, what input the service users had, their comments, views, suggestions with action points to progress plans. This record was consistent with the observations of staff consulting with service users during the inspection, overall there was a clear approach which aimed to involve service users in their care and support.

Service users were asked if care in the setting was compassionate and encouraged them to be involved. They said they liked the staff and could talk to them if they had a concern or wanted to make a suggestion.

Observation of staffs communication and care of service users showed they were assisting service users to be physically and emotionally comfortable, putting service users whose behaviour was escalating at ease by using calming strategies or diversion, supporting them to have fun and ascertain their choices.

Staff were asked to describe their delivery of compassionate care, they described responding to service users' needs and preferences who were in the day care setting during the inspection, they described the service user views, preferences, assessments and care plans were person centred and these guided their care approach. Staff recognised that they aim to improve outcomes for the service users who attend the setting and do what they can to ensure everyone is involved. An example given by staff and the manager was the summer scheme during the summer months of 2017, outings were organised daily and service users from any group could choose what they wanted to do. This was a chance for service users to socialise with other service users who were not in their activity group or room. Staff described they observed service users having fun and being empowered to exercise choice, overall it was felt the summer scheme approach was a successful way to effectively assist service users in making choices and act on service users preferences.

Eight service users and relatives returned questionnaires to RQIA post inspection. Seven identified they were "very satisfied" and one was "satisfied"; regarding questions on "is care compassionate" in this setting. They identified they were treated with kindness, respected and their dignity was maintained, staff informed them about their care and supported them to make decisions about their care.

The inspection of this domain confirmed the staff were actively promoting effective communication between service users and staff however their record of this should be improved.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the ethos of the day care setting and listening to service users.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The registration certificate was up to date and displayed appropriately.

Supervision records detailed the staff had received recorded individual, formal supervision at least every three months.

The complaints record was inspected and this showed eight complaints had been recorded from 01 April 2016 to March 2018. The record showed these had been responded to promptly to resolve the area of dissatisfaction and where possible a plan was put in place to prevent reoccurrence.

Inspection of staff meeting minutes revealed they were held at least quarterly and a staff catch up meeting was held on Monday mornings; which was an informal chance for staff to discuss what they did, what staff learnt from the previous week, what reviews were due, outreach plans, concerns and planning for the next week. The discussions covered quality of care, best practice examples, policy and procedures, minimum standards, training opportunities and potential to improve practice.

The Regulation 28 monthly quality monitoring visits had been undertaken monthly by the monitoring officer since the last inspection. The reports showed the visits included unannounced visits and qualitatively reflected service users and staff views and opinions. The reports showed there was a focus on improving the quality of care provided in this setting, if gaps in practice and records were noted the action plan detailed improvements to be made.

The annual report for 2017 was provided for this inspection, the report included matters listed in Schedule 3 and detailed how the setting could improve the care and support they were providing in relation to Schedule 3.

Evidence of audit arrangements for complaints; training; supervision; and the environment were in place to ensure compliance with standards and improve areas of practice where identified.

The staff were asked what their opinion was regarding effective leadership in the setting, they described they work well together and could approach the managers at any time for support. Overall the staff confirmed this was a supportive environment to work in and the manager was approachable.

Eight service users and relatives returned questionnaires to RQIA post inspection and seven identified they were "very satisfied" and one was "satisfied" regarding questions on "is care well led" in this setting. They identified they knew who was in charge of the setting at any time,

the service was well managed, their views were sought about their care and quality of service and they knew how to make a complaint.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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